Project: **ICF-IID Transition Workgroup**

Lead: Patrick Stephan, 614-728-2736, Patrick.Stephan@dodd.ohio.gov

Updated: 03/14/14

PROJECT PURPOSE	Status
Define the issue that the project will address or remedy	March - July
Identify "hot spots" that illustrate the urgency to find a solution	March - July
Define the project purpose and scope of work	March - July
Complete a preliminary workplan (using this page as a template)	March - July
Submit high-value concepts to OBM for the mid-biennium review	March - July
PROJECT MANAGEMENT	
Identify the project team and augment with consultants if needed	July-August
Determine the project management structure, including table of organization	August
Create a detailed project workplan	August
Develop a workplan budget and identify the source(s) of funding	Jan 2012
Report project status to the Program Office and HHS Cabinet	Ongoing
Coordinate with other project teams through the Program Office	Ongoing
Develop a stakeholder/media/legislative outreach plan	Ongoing
Identify external stakeholders and create a stakeholder advisory group (IAF & Reimbursement workgroups)	IAF: Sept 2011 Rates: July 2012
Establish a process for regular stakeholder input	N/A
Host kick-off event(s) for the project team and stakeholders	N/A
BUSINESS REQUIREMENTS AND SOLUTION	
Define business requirements	July - August
Conduct an internal scan of solutions/capabilities	August - December
Identify and report gaps in existing operations/infrastructure	Ongoing
Conduct an external market scan and/or request for information (RFI)	N/A
Assess the federal landscape for opportunities, including funding, and threats	TBD
Identify best practices, within the state and externally	TBD
Recommend a solution to meet business requirements	Aug 2011 – June 2012
Identify key deliverables necessary to implement the solution	Ongoing
Conduct an impact analysis of expected benefits and costs of the solution	TBD
DELIVERABLES	
Develop an implementation budget and identify the source(s) of funding	Jan 2012
Draft legislative and/or administrative rule language	Sept 2012
Recommend an appropriation strategy, if needed, for mid-biennium review	Jan 2012
Develop a detailed stakeholder/media/legislative strategy	TBD
Recommend a procurement strategy	N/A
Develop a request for a proposal, if needed	N/A
Support the procurement process (e.g., evaluation, vendor selection)	N/A
Support the completion and approval of federal compliance activities	TBD

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PROJECT PURPOSE

Situation

The Department of Developmental Disabilities (DODD) previously was responsible for policy direction for the state operated Developmental Centers and Home and Community Based Waivers. However, the Department of Job & Family Services (JFS) was responsible for policy direction for the non-state operated ICF-IIDs as well as one Home and Community Based waiver for individuals with developmental disabilities. This fragmentation of services hindered the State's ability to provide consistent direction to the DD system as a whole.

Transitioning the ICF-IID program to DODD will be conducive to building a strong DD system, capable of providing increased continuity of services as individuals move throughout the system. In addition, providers of DD services will have a single state agency to contact even if they provide services across multiple programs.

The ICF-IID program has several policy areas that need immediate attention. These include revising the current Individual Assessment Forms (IAF) to provide a more accurate assessment of the acuity and care needs of individuals who need ICF-IID services, revising the Medicaid reimbursement formula, defining the roles and responsibilities of ICF-IIDs, developmental centers and home and community based services, as well as determining optimal capacity of ICF-IIDs.

Hot Spots

Hot Spots include the following:
- Providers in the DD system currently have 2 separate state agencies providing direction which is not always consistent across programs. Processes, policies & procedures differ depending on which program the individual is receiving services from.
- In response to the Department of Justice's enforcement of the Olmstead case, state operated developmental centers have been working to reduce the number of individuals in their institutional settings, placing individuals in community settings as appropriate. However, the number of individuals in non-state operated ICF-IIDs has remained steady over the past 10 years.
- The IAF, a major factor in determining the direct care portion of per diem rates, is almost 20 years old and has not be revised since its inception. Stakeholders have voiced

concerns around the consistency of use among providers and the tools ability to accurately capture resource needs of individuals.

- The Medicaid reimbursement formula for ICF-IIDs also has not had any major changes in almost 20 years. The formula needs to ensure that direct care staff wages are sufficient to provide quality services, establish capital funding that is adequate to maintain capital assets in a manner that promotes health and safety and should provide incentives for providing quality services in accordance with the goals surrounding the ICF-IID role in the DD system.

Scope of Work

The purpose of this project is to transition administration of the ICF-IID program from the Department of Job & Family Services to the Department of Developmental Disabilities. This will result in all Medicaid programs related to developmental disabilities being administered by a single state agency, allowing for continuity of care and increased efficiency of business operations.

The scope of work will include an inventory of business operations related to the administration of the ICF-IID program. The transition team will work to identify areas of opportunity for shared services to ensure maximum efficiency across state agencies. Both agencies will participate in knowledge sharing to guarantee a smooth transition of operational activities and to provide minimal disruptions to providers.

Additionally, workgroups around the IAF and reimbursement formula will be created to review current processes and make suggestions for revisions as necessary. The departments will also be working with providers who are interested in voluntary conversion of ICF-IID beds.

High-Value Targets

High-value targets include:
- Where will OAC rules be located?
- How will we incorporate the transition activities with the policy issues that are being reviewed?
  - IAF redesign
  - Reimbursement formula changes
  - Voluntary conversion efforts
- How can we utilize current technology across agencies?
- Determine how to implement claims payment through JFS single claims payment system.
- Identify funding requirements for both services and administration of the ICF-IID program
- Determine Medicaid oversight activities to ensure compliance with federal regulations

PROJECT MANAGEMENT

Project Team

See project listing towards the end of this document.

Project Management

Staff from both agencies will be responsible for management of this project. Project plans and information will be shared with members of the workgroup. As risks are identified, the workgroup will review potential actions and determine the best action to implement.

Workplan

This work plan, as well as additional documentation, will be used to identify transition activities, responsible parties and targeted dates. Activities will be updated on a regular basis and target dates adjusted as determined by the work group.

Related policy workgroups (IAF, Reimbursement, etc.) will establish independent work plans including activities and time frames as necessary to meet their respective goals.

Project Budget

Fiscal staff from both agencies are working to determine the amount of funding for both services and administration of the ICF-IID program. Funding currently located in JFS' budget is targeted to transfer to DODD's budget July 1, 2012.

Money Follows the Person (MFP) funding has been identified as a resource for the IAF revision work. JFS will be providing up to $750,000 in MFP funding for this effort.

The goal for timing of the IAF and Reimbursement workgroups is that recommendations will be agreed to prior to submission of the FY14-15 biennial budget and systems will be in place to implement for FY14 rate setting.

Coordination

There is another OHT workgroup around the transition of the Transitions DD waiver from JFS to DODD. Since this will move the remaining DD program from JFS to DODD, the ICF-IID workgroup will need to stay informed on activities of that workgroup. Patrick Stephan is heading both workgroups and will communicate necessary information across groups.

Stakeholder Input

Although there are no stakeholder participants in the actual OHT ICF-IID Transition Workgroup, we continue to update stakeholders on the progress of the group through letters to providers, participation in stakeholder conferences and meetings, one-on-one contacts, as well as the affiliated workgroups around the IAF and reimbursement formula.

External stakeholder groups include:
- OPRA – Ohio Provider Resource Association
- OHCA – Ohio Health Care Association
- OACB – Ohio Association of County Boards
- VFA – Values and Faith Alliance

BUSINESS REQUIREMENTS AND SOLUTION

Business Requirements

JFS staff created an inventory of business operations related to the ICF-IID program which will be used as the basis of the transition plan. The OHT ICF-IID transition workgroup is in the process of reviewing the business operations in order to make recommendations of which items should transfer to DODD, which items or tasks are candidates for shared services opportunities and targeted dates for transfer of those items.

The goals of the transfer plan include:
- Ensuring providers have a single agency to contact
- Incorporating shared services for operational activities when appropriate
- Streamline processes with those currently in place for other DD systems
- Reviewing current processes and adapting efficiencies where applicable
- Providing a seamless transition on part of providers

The goals of the IAF workgroup include:
- Understanding inconsistencies that exist in how assessment is completed
- Determining the goal for usage of the IAF or similar tool (measure acuity, understand resource needs, etc.)
- Evaluating the impact of changes to the program (technology, day hab., etc.)
- Reviewing trigger questions for relevancy
- Assessing the current classification system and determine if 4 categories are sufficient or if additional categories are required to match resource needs with individuals

The goals of the Reimbursement Workgroup include:
- Ensuring that reimbursement for capital costs is adequate for maintaining capital assets in a manner that promotes the well-being of residents
- Providing incentives for reducing capacity as necessary to achieve goals regarding optimal capacity of ICF-IIDs
- Ensuring that wages paid to direct care staff are sufficient to meet staffing and quality requirements
- Provide incentives for high quality services

Gap Analysis

The workgroup will utilize the inventory of business operations and the knowledge transfer process to identify potential gaps in operations and infrastructure. As these gaps are identified, workgroup members will collaborate with other agency staff to review possible solutions that would appropriately satisfy the identified need.

Current gaps that have been identified and are under review include:
- Auditing of Cost Reports
- Review of IAF submissions
- Utilization of information technology services

Additional gap analysis will be performed in both the IAF and Reimbursement Workgroups specific to relevant topics. Each workgroup will attempt to make suggestions of process and policy changes that will address a majority of the gaps identified by participants.

Best Practices

Expect to explore current practices for surrounding states and utilize national trend data in several aspects of this program. These include national core indicators (NCI) results, state and national assessment tools as well as reimbursement formulas and national trend data regarding optimal capacity and facility size.

National Core Indicators Data:
http://dodd.ohio.gov/nci/Pages/default.aspx

Solution

The OHT ICF-IID Transition Workgroup will make recommendations on which business operations should transfer from JFS to DODD and which activities should continue to be processed at JFS in order to maximize efficiency. The workgroup will also recommend target dates for the items that will transition. After recommendations are reviewed and approved by leadership, the workgroup will implement the actions detailed in the work plan, making

adjustments to time frames as necessary. In addition, the workgroup will communicate changes in processes to providers and other stakeholders as the transition plan is executed.

The IAF Workgroup will make recommendations regarding the continued use of the IAF or other similar assessment tool in the ICF-IID program. If the consensus results in maintaining use of the IAF, the workgroup will also make recommendations on any revisions needed. These could include any of the following:

- Training of staff completing the IAF
- Reviews for inter-rater reliability conducted by the state
- Modifications to the trigger questions
- Adjustments to the current Resident Assessment Classification System (RACS)
- Re-calibration of the case-mix scores associated with each RAC
- Timing of ongoing reviews of the IAF and data necessary to determine if changes recommended result in desired outcomes

The Reimbursement Workgroup will make recommendations regarding changes to the current Medicaid reimbursement formula. The desired deliverable will be a reimbursement methodology that will address the items listed in the business requirements section. The goal is for the recommendations to be agreed upon prior to submission of the FY14-15 biennial budget and be able to be implemented for FY14 rate setting.

Benefits

Transitioning the ICF-IID program to DODD will be conducive to building a strong DD system, capable of providing increased continuity of services as individuals move throughout the system. In addition, providers of DD services will have a single state agency to contact even if they provide services across multiple programs.

The desired results are expected to contribute to the following Governor's principles:
- Evidence Based
    - Expect IAF and Reimbursement workgroups to make data driven recommendations for changes
- Transparent
    - Program transition details will be shared with providers and other stakeholders as they are implemented
    - Multiple stakeholder groups will be invited to participate in both the IAF and Reimbursement workgroups
- Value
    - One of the goals of the changes to the ICF-IID reimbursement methodology is to create a system that promotes providing high quality services at a value
- Long-term Care
    - The voluntary conversion work is an effort to people with disabilities to live with dignity in the setting they prefer instead of higher-cost institutional settings

This effort is line with the Governor's policy priority to modernize Medicaid, rebalancing long-term care and eliminating fragmentation of services.

Part of the benefit of having all DD programs administered by a single state agency is the opportunity to implement similar processes across programs resulting in ease of use for providers and individuals. A goal of this initiative is to identify areas where process improvements can be implemented, which is in line with the Common Sense Initiative.

In addition, the IAF and Reimbursement workgroups will be looking at ways to simplify these processes. The current ICF-IID reimbursement formula is extremely complicated and reliant on complex information technology systems for accurate calculations. One goal of the reimbursement workgroup will be to create a formula that is sufficient but also one that is straight forward enough for providers to be able to estimate their rate in advance of notification from the state. This will be extremely useful for providers in their financial planning process.

As business operations are reviewed, the transition workgroup will work to identify opportunities for shared services. One of the shared services opportunities already identified is the sharing of Information Technology systems across agencies. Both JFS & DODD are working to evaluate current JFS IT systems and to determine how to enable DODD staff to fully utilize the current ICF-IID systems. This will eliminate the need for DODD to duplicate or replace systems that already exist within JFS.

DELIVERABLES

Implementation Budget

Fiscal staff from both agencies are working to determine the amount of funding for both services and administration of the ICF-IID program. Funding currently located in JFS' budget is targeted to transfer to DODD's budget July 1, 2012.

Money Follows the Person (MFP) funding has been identified as a resource for the IAF revision work. JFS will be providing up to $750,000 in MFP funding for this effort.

The goal for timing of the IAF and Reimbursement workgroups is that recommendations will be agreed to prior to submission of the FY14-15 biennial budget and systems will be in place to implement for FY14 rate setting.

Legislation

Recommend changes in current law or administrative rule, if needed
Recommend changes in appropriation authority, if needed
Identify a vehicle for the changes (e.g., mid-biennium review, SFY 2014-2015 budget)
Develop a detailed stakeholder/media/legislative outreach plan with Eric and Monica

Procurement

Recommend a procurement strategy, if needed
Conduct a feasibility study and alternatives analysis and provide sourcing recommendations
Develop a request for proposals (RFP), if needed
Develop a proposal evaluation framework and materials for vendor selection, if needed
Develop a roadmap for sequencing procurement and implementation efforts

Federal Funding and Compliance

Assess the federal landscape for opportunities and threats
Recommend how to maximize federal funding support for the project
Identify and support the completion and approval of required federal compliance activities
Include links to federal websites or reports that are related to the project

Project: **ICF-IID Transition Workgroup**

Lead: Patrick Stephan, 614-728-2736, Patrick.Stephan@dodd.ohio.gov

Updated: 03/14/14

PROJECT TEAM

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Updated DATE

Project: ICF-IID Transition Workgroup

Lead: Patrick Stephan, 614-728-2736, Patrick.Stephan@dodd.ohio.gov

Updated: 03/14/14

STAKEHOLDER ADVISORY GROUP

Name	Organization	Phone	Email

Updated DATE

Operating Protocol
Updated: 03/14/14

A. **Applicability.** This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies:
    1. Ohio Department of Developmental Disabilities (DODD)
    2. Ohio Department of Medicaid (ODM)
B. **Purpose.** The purpose of this Operating Protocol is to implement the Transfer ICF-IID Program to DODD initiative and to document the responsibilities of the participating state agencies in tasks related to funding, personnel, workflow, and data sharing.
C. **Funding Responsibilities.**
    1. The funding sources identified for the time period specified in the table below are committed to the Transfer ICF-IID Program to DODD.

HB 153 gave the authority for OBM to transfer funding for the ICF-IID program from JFS to DODD. DODD has submitted a letter to JFS and OBM, certifying the FY13 estimated expenditures for the program and identifying increases in appropriation at DODD by fund. We anticipate that the increase in GRF and federal appropriation will happen when appropriation is loaded in to OAKS for FY13. Any cash balances remaining on July 1, 2012 in JFS funds used for the program will be transferred to DODD.   If a cost overrun occurs during FY13, the agencies participating in the Project Team will come together and decide how to address the overrun.

ODM will continue to create the ICF-IID claims. DODD has provided coding speed charts to ODM, which ODM will load in to OFIS. ODM will provide DODD with access to OFIS and DODD will be responsible for coding and budget checking ICF-IID claims in the system. If a new string of coding is needed to make payments, DODD will provide the coding to ODM at least three days before the payment date. ODM will draw down the federal financial participation and direct journal the funds to DODD Fund 3A40 ALI 653653. Franchise fee revenue will be transferred from ODM to DODD in accordance with ORC Section 5168.68.

DODD will include expenditures for the ICF-IID program in their federal schedule reporting beginning in FY13.

Operating Protocol Funding Table for: Transfer ICF-IID Program to DODD

Time Period: 7-1-2012-6-30-2013

Agency	Fund Source-Fund	Fund Source-ALI	Amount	CFDA No.	Will Funds Be Sub-Granted?	Description of How Funds Will Be Transacted
ODJFS	GRF	600525	- 182,246,693			Appropriation will be decreased.
DODD	GRF	322407	182,246,693			Appropriation will be increased.
ODJFS	GRF	600525	- 306,434,875	93.778		Appropriation will be decreased.
ODJFS	3F00	600623	- 53,820,223	93.778		Appropriation will be decreased.
DODD	3A40	322653	360,255,098	93.778		Appropriation will be increased
ODJFS	4K10	600621				This fund contains revenue from the franchise fee. Cash balances will be transferred to DODD initially and then revenue from collections will be transferred quarterly. Appropriation will be decreased.
DODD	5GE0	320606				See ODJFS Fund 4K10 above. This DODD fund will receive the cash and the appropriation will be increased.

2. If the table above indicates any federal funds are to be sub-granted to lower level sub-recipients, the agency issuing the sub-grant will be responsible for communicating federal and state compliance requirements governing program funding. Such requirements include, but are not limited to, 45 CFR 92, OMB Circular A-133 and cost principles outlined within 2 CFR 220, 2 CFR 225 or 2 CFR 230 as applicable to the sub-recipient.

D. Personnel. Personnel identified for the time period specified in the table below are committed to the Transfer ICF-IID Program to DODD.

The ICF-IID transition workgroup has decided to utilize a shared services model for certain business operations for the ICF-IID program. The majority of business operations will transfer to DODD, but some activities will continue to be completed by ODM staff. The chart below indicates the staffing support that JFS will provide to support DODD and their administration of the ICF-IID program. Support functions include implementing the shared services model, providing IT systems and support as well as providing technical assistance and oversight.

Operating Protocol Personnel Table for: Transfer ICF-IID Program to DODD
Time Period: 7 1 2013 to 6 30 2015

Agency	Staff Person Name	Position	FTE Value	Functions Performed
ODM	Al Dickerson & Lisa Osborne			Franchise Fee Assessments
ODM	Andy Jones & Caroline Westbrook			1) Provide Technical Assistance – assist with creation and filing of State Plan Amendments 2) Program Oversight – work with DODD to create and implement oversight measures
ODM	Roy Sutton & Staff			Upload cost report data received on disks from providers
ODM	Carolyn Thurman & Staff			1) Create ICF-IID claims 2) Process 9400's 3) Provide technical assistance for payment inquiries beyond the scope of DODD knowledge 4) Continue role in debt estimates 5) Continue role in CPAO process
ODM	Bibi Manev & others as needed			1) Process provider enrollments and maintain provider information 2) Review successor liability agreements
ODM	Chris Carson & Staff			1) Continue processing paid claims audits 2) Begin processing cost report audits
ODM	Martha Arter, Dawn Marker, Elsabe Fourie & others as needed			1) Maintain and provide support for the Remote Desktop that is currently being used for DODD staff to access JFS systems from the State Office Tower 2) Be involved in determining a longer range solution for DODD staff to access JFS systems used in the ICF program 3) Provide support to DODD staff when changes to the IT systems are needed
ODM	Craig Figi & other JFS			1) Provide assistance with financial aspect

	fiscal staff			of JFS paying claims utilizing DODD funds 2) Provide assistance with collecting franchise fee and transferring funds to DODD. 3) Provide historical financial data, as needed 4) Process CHOP/Exiting Provider withholdings
ODM	Caroline Westbrook			1) Provide support for outlier coordinator 2) Provide support for filing of authorization rule
ODM	Debbie Saxe , Becky Jackson & others			1) Provide support for SPA filing
DODD	Debbie Jenkins			1) General policy and programmatic review and development 2) State Plan Amendments – provide JFS with updates to the state plan when changes to the ICF program occur 3) Program Oversight – work with JFS to create and implement oversight measures
DODD	Josh Anderson			Lead for: 1) Rate Setting 2) IAF processing 3) Bed Hold Days 4) Claims technical assistance 5) Non-Extensive Renovations 6) Franchise Fee Calculations 7) Upper Payment Limits
DODD	RPS2 staff (Mark Holzapfel and Sam Irvine)			Lead for: 1) Level of Care 2) Outlier Coordinator 3) IAF programmatic questions
DODD	Josh Anderson and Ashley Rupejko			Lead for: 1) Cost report desk audits and clearing of cost reports 2) Budget/financial analysis 3) Federal Schedule and other reporting related to this program
DODD	Ann Weisent & Other OPSR staff			1) Continue role in ICF-IID Licensure & Development process 2) Provide bed counts for franchise fee assessments
DODD	Kate Haller, Brad Singer, Becky Phillips & Others			1) Provide general legal support 2) Provide support for filing of rules

DODD	Ginnie Whisman, Brent Baer & Others			1) Assist with voluntary conversion effort and availability of community capital funding

E. **Workflow.** Key workflow process transactions for the Transfer ICF-IID Program to DODD initiative are described below.

As mentioned above, the OHT Transition workgroup decided to utilize a shared services model for some operational activities required to administer the ICF-IID program. The above chart detailed staff that will be performing those responsibilities, but this section will detail the activities and any underlying agreements between the agencies that are imperative to the successful operation of the ICF-IID program.

1. Policy: DODD will be the lead agency for policy related to the ICF-IID program. There are several program redesign efforts that HB 153 requires DODD to perform a study on. These include reviewing the IAF and revising the reimbursement methodology. DODD will lead these efforts, but will require assistance from ODM to ensure that any potential changes to the program will be approved by CMS.

2. IT Systems: DODD will utilize ODM systems to administer the ICF-IID program. ODM will continue to support these systems and will make modifications as necessary. DODD staff will contact ODM when system changes are needed and ODM staff will either complete simple modifications upon request or utilize the current ODM CSR process for more complex requests. If there are limited resources and prioritization is required, DODD & ODM staff will work together to prioritize DODD needs. Additional information regarding IT systems and data needs is located in Section F below.

3. Provider Enrollment: Since the provider enrollment process for ICF-IID providers and NF providers is the same, we will utilize shared services to maximize efficiency. ODM staff will continue to process ICF-IID provider enrollments, but will keep DODD informed as they receive requests for new providers, CHOPs, etc. DODD staff will continue to provide licensure information as used in the provider enrollment process and ODM staff will continue working with ODH to obtain certification information.

4. Level of Care (LOC): LOC determinations for ICF-IIDs will now be processed by DODD staff.

5. Cost Reports: Cost reports are currently submitted on a disk by providers and are uploaded into Perseus to be reviewed. DODD staff will complete the uploading process to get cost report information into Perseus. Once the information is in Perseus, the system runs some automated desk edits. These edits are then reviewed by staff and resolved before cost reports can be cleared. DODD staff will review edits and clear cost reports for use in rate setting.

6. Rate Setting: The rate setting process will transfer to DODD beginning with FY13 rate setting. DODD staff will prepare the business requirements needed to make system changes to Perseus based on any policy changes. Rates will be run in Perseus based on the business requirements. DODD staff will also complete mock rate setting to ensure that the rates determined in Perseus are accurate. DODD staff will then lock rates in Perseus and send rate packets to providers with their new rates. DODD staff will also prepare any federal notices required for changes to the rate methodology.

7. State Plan Amendments: DODD will provide input for state plan amendments as necessary. As the single state Medicaid agency, ODM will file any state plan amendments. ODM will continue to provide technical assistance to DODD based on feedback received from CMS. DODD will work with ODM to establish a timeframe for submitting SPAs to ODM in order for SPAs to be submitted as required by CMS.

8. Upper Payment Calculations: DODD staff will calculate upper payment limits. If DODD changes the system used in these calculations, ODM will continue to provide the data needed for the calculations in a format required by DODD.

9. Individual Assessment Forms (IAF): IAFs are currently submitted by providers on a disk. These assessments will now be sent to DODD and DODD staff will upload the data, run preliminary and final reports and assess penalty scores. DODD is currently undergoing a review of the IAF. If changes are needed to the ICF In-house system that currently is used in the processing, ODM will modify the system as needed.

10. Franchise Fees: DODD will calculate the amount of the franchise fee for each fiscal year in accordance with federal regulations. DODD and ODM will work together to determine the franchise fee process. DODD will provide the number of licensed beds to be assessed to ODM and ODM will issue the actual assessment to the provider. Since ODM will be issuing assessments to nursing facilities for their franchise fee, this will increase efficiency for this process by utilizing economies of scale. Revenue collected from the franchise fee will be deposited into ODM funds and transferred to DODD on a quarterly basis to be utilized in accordance with ORC 5168.69. Following the end of the fiscal year, DODD will analyze actual revenue to ensure that all federal regulations are satisfied.

11. Claims: Since ICF-IID providers do not submit claims and their claims are created in MITS for them, ODM will continue to create ICF-IID claims. Beginning with July 2012 claims, these payments will be paid utilizing the ICF-IID funds that were transferred to DODD. Providers will contact ODM with any claims issues. ODM staff will continue to process 9400's for adjustments and payment issues. ODM will keep DODD informed of any issues with claims payments as soon as they become aware of the problem. If payment issues arise due to ODM staff or systems issues and result in the loss of FFP, DODD will be held harmless and ODM will provide funding for those claims. As ODM prepares to transition ICF

providers to a system will they will submit claims, DODD staff will work with ODM staff regarding process, communication and training for ICF providers.

12. Outlier Coordination: DODD will begin reviewing the outlier reports that are submitted for each resident of the outlier facility every six months. As vacancies occur, DODD staff will be responsible for reviewing candidates and approving admittance to the outlier facility. When the first vacancy occurs, ODM staff will provide technical assistance to DODD staff to assist with the transition of this responsibility from ODM to DODD. DODD staff will also manage the pediatric ventilator outlier.

13. Pre-Approval of Non-Extensive Renovations: These requests will now be sent to DODD for review and approval. Any questions related to non-extensive renovations will also be directed to DODD.

14. Bed Hold days: DODD staff will respond to questions regarding bed hold days and will provide technical assistance to CDJFS offices as they approve requests beyond 30 days. DODD staff will also review and approve any requests that require state approval.

15. Debt Estimates & Successor Liability Agreements: ODM will continue to process both debt estimates and successor liability agreements for ICF-IIDs. ODM will keep DODD informed as these occur and any potential concerns that arise.

16. Cost Report Audits: Although ODM has not completed ICF-IID cost report audits in the past several years, ODM will begin completing a sampling of cost report audits beginning in FY13. DODD and ODM will work together to determine an appropriate amount of cost reports to be included in the sample each year. DODD staff will work with ODM staff to assist in the creation of auditing protocol and determination of the sampling of facilities. DODD staff will also be available to provide technical assistance to ODM and/or contracted auditors if questions arise regarding ICF-IID policy.

17. Budget & Financial Monitoring/Reporting: DODD will be responsible for monitoring the budget and finances of the ICF-IID program. ODM will provide support when historical information is needed for trend analysis, etc.

F. **Data Sharing.**

1. Data sources and elements to be shared for the Transfer ICF-IID Program to DODD for the time period specified are shown in the table below.

To maximize investments that have already been expended, DODD will utilize current ODM systems to operate the ICF-IID program. ODM will provide DODD staff with access to any system that is used to process, capture or analyze data for individuals receiving services through the ICF-IID program. This access includes, but is not limited to, the systems and information listed in the chart below.

Operating Protocols Data Sharing Table for: Transfer ICF-IID Program to DODD
Time Period: 7 1 2013 to 6
30 2015

Agency	Data Source	Description of Data Elements	Is Data Protected Health Information?	Description of Data Sharing Procedures
ODM	Perseus	View Access for Provider data - Medicaid number, address, cost report data, rate information, bed information, etc.		ODM will provide DODD staff with access to Perseus data through a remote desktop
ODM	Perseus	Ability to change cost report status, add comments, change examiner, etc,…		ODM will provide DODD staff with access to Perseus data through a remote desktop
ODM	Perseus	Ability to run and lock rates		ODM will provide DODD staff with access to Perseus data through a remote desktop
ODM	Perseus	Ability to "batch print" cost report verifications and rate packages		ODM will provide DODD staff with access to Perseus data through a remote desktop
ODM	Perseus	Ability to input cost report verification responses		ODM will provide DODD staff with access to Perseus data through a remote desktop
ODM	MITS	Ability to research claims issues for providers, ability to view remittance advices, ability to determine if payment was through check, eft or ISTV, ability to run reports to view data for multiple providers at one time, ability to view and report on rates, franchise fee assessments, and other provider information, etc.		ODM will provide DODD staff with appropriate MITS access through the online application
ODM	CRISe	ability to update LOC dates		ODM will provide DODD staff with appropriate CRISe access
ODM	CRISe	Ability to view individual eligibility and enrollment data		ODM will provide DODD staff with appropriate CRISe access
ODM	ICF In-house	Full access - ability to upload information from providers, ability to run preliminary & final reports, ability to send certified emails, ability to have copies saved to a share drive that we can access		ODM will provide DODD staff with appropriate ICF In-house access through the remote desktop

		(in case we need to resend), ability to print reports		
ODM	DSS	All reporting functionality related to individuals in ICF-IIDs. Including : any data from CRISe including identifying information: name, ssn, dob, address, county of origin; guardian information including name, address, date of guardianship, etc.; eligibility information including type of Medicaid coverage (MBIWD, etc.), dates, base financial information, expected patient liability, level of care date, diagnosis, etc.; facility information including name, facility address, facility county, 9400 information - date of admissions, discharges, etc.; claims information including payments, actual patient liability, bed hold days submitted on 9401s, corresponding hospital or NF admissions		ODM will provide DODD staff with the appropriate DSS access
ODM	Pegasus	Full access for ICF-IIDs. Ability to run reports for blended rates; be able to export and print reports		ODM will provide DODD staff with appropriate Pegasus access
ODM	Changes to JFS systems	ODM staff will continue to maintain and support systems used by the ICF-IID program and will respond to requests for modifications to those systems in a timely manner.		DODD staff will send requests for CSRs to ODM staff to initiate major modifications to current JFS systems utilized in the ICF-IID program
ODM	OFIS	ODM will provide DODD access to OFIS for claims coding and reporting.		At this point, there are not separate roles in OFIS to limit DODD's access. Therefore, DODD agrees to utilize OFIS only for programs which they are administering.

2. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation.